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Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>Ute Indian Tribe Juvenile Court House</u> Address: <u>988 7500 East</u> City: <u>Fort Duchesne</u> State: <u>Utah</u> Zip Code: <u>84026</u> County: <u>Uintah</u> Site Location : <u>988 7500 East Fort Duchesne Utah</u> Building Size (square feet): <u>1495.62</u> # of Floors: <u>One</u> Age in Years: <u>1970</u> Present Use: <u>Abandoned</u> Prior Use: <u>Court House/Public Use</u>							
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: <u>Fort Duchesne Ute Indian Tribe</u> Address: <u>6964 E 1000 South</u> City: <u>Fort Duchesne</u> State: <u>Utah</u> Zip Code: <u>84026</u> Contact: <u>Doug Wooton</u> Telephone: <u>(435) 823-6070</u> Fax: _____ Removal Contractor Name: <u>Encompass Environmental</u> Address: <u>730 Scarlet Drive</u> City: <u>Grand Junction</u> State: <u>Colorado</u> Zip Code: <u>81505</u> Contact: <u>Jerry Poulsen</u> Telephone: <u>(970) 623-0023</u> Fax: <u>303-484-6657</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <div style="text-align: center;">RACM has been detected and will need to be abated prior to the demolition of the building.</div>							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	2900						
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: <u>June 3, 2019</u>		Complete: <u>June 21, 2019</u>			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start:		Complete:			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	8-5	8-5	8-5	8-5	8-5	8-5	

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

A water truck, track-hoe, skid steer, dumpster and labor will be used during the demolition once the asbestos abatement has been completed. erosion controls will be put in place during the demolition to contain the water run off from the wetting of the building.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Please see the attached document.

XII. Waste Transporter #1

Name: Encompass Environmental

Address: 730 Scarlet Drive

City: Grand Junction

State: Colorado

Zip Code: 81505

Contact: Jerry Poulsen

Telephone: (970)623-0023

Waste Transporter #2

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: ()

XIII. Waste Disposal

Name: Contract Environmental Services, Inc.

Address: 925 S. Broadway Suite 251

City: Cortez

State: Colorado

Zip Code: 81321

Contact: _____

Telephone: ()

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Asbestos Abatement Project is completed under a full containment.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator

2/27/19

Date

Jerry Poulsen

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator

2/27/19

Date

Jerry Poulsen

Type or Print Name and Title